

LLWCHWR

Urban District Council

Annual Report

FOR THE YEAR

1953

BY

G. E. DONOVAN

M.D., M.Sc., D.P.H.

Medical Officer of Health



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GORSEINOM PRINTERS



Llwchwr Urban District Council

Chairman : Councillor WILFRED HILL, J.P.

Vice-Chairman : Councillor W. J. OWEN.

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Public Health Committee :

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Vice-Chairman : Councillor Mrs. H. OWEN, J.P.

Chairman and 11 members of the Council.

Public Health Officers.

Medical Officer of Health :

G. E. DONOVAN, M.D., M.Sc., D.P.H.

Sanitary Inspectors :

Senior Inspector—B. D. OWENS, C.R.S.I., Meat Cert., R.S.I.,
(M.S.I.A.)

Additional Inspector—M. C. DAVIES, C.R.S.I. Meat Cert., R.S.I.
Dipl., R.I.P.H.H., (M.S.I.A., M.R.S.I., M.R.I.P.H.H.)

Pupil Sanitary Inspector :

D. GRIFFITHS.

Clerk :

C. A. POWELL,

Llwchwr Urban District Council.

Public Health Department,

Council Offices,

West Street,

GORSEINON.

To the Chairman and Members of the

LLWCHWR URBAN DISTRICT COUNCIL.

Ladies and Gentlemen,

As a doctor, one is constantly being asked as to which is the more important, environment or heredity. Heredity fixes the limits to which an organism can be developed, but environment determines whether these developments take place, and even whether the organism itself survives. It is a fact that man's survival depends on continuous victory in the battle against his environment. The organism attempts to adjust itself continuously to changes in the environment, and if it fails to do so, it perishes.

Environment may be defined as the conditions influencing an organism. It must be remembered that from the point of view of the organism, there are two environments, the external environment, which is composed of the air and vapours we breathe, the clime we live in, the houses we abide in, the factories some of us work in, the education and training we receive, the infection we come in contact with, the quality and quantity of food and drink which we imbibe, the cigarettes we smoke, and all the hazards of our daily life determine the state of our physical and mental health.

The cells of the body live and die within the internal framework of the body. There are beautiful mechanisms in us which try and keep the internal environment constant. If we are chased and have to run, the exercise causes break down products to occur in our system which would adversely affect the delicate balance by which we live. Our temperature rises, and this is controlled by breathing faster and sweating which gets rid of a good deal of the heat generated. The lactic acid caused by the working of the muscles is neutralised by a complex buffering system in our blood and by the excretion of carbon dioxide, the kidneys also take part in this adjustment by excreting certain

end-products. It will be noted that those adjustments in the internal environment were precipitated by an event in the external environment, viz. : being chased. It will be realised from this simple example that changes in the internal environment—whether good or bad—are ultimately caused by the external environment.

A Medical Officer of Health is a specialist on environment. He seeks to adjust the external environment so that the internal environment of the various persons comprising the community is kept at an optimum. A person may think that if we all lived under natural conditions, we would all be healthy. It must be remembered that nature in the raw is brutish, and that when man was living under so called natural conditions, he had a short and miserable life.

We are now living under highly artificial conditions, especially in this northern land in which we live. We can no longer survive in this tightly packed island of ours, except we intelligently adjust the environmental factors which affect us. If we do not control our environment, it will control us, and our eventual state will be very much worse than if we were living under so called natural conditions, partly due to being over-populated. If we have the sanity to avail of the facilities of environmental medicine, we can reach a state of health, happiness and civilisation that would outshine past epochs. We cannot stay still and leave matters drift, herein lies catastrophe, we either pour more cash and resources into environmental medicine or resign ourselves to the inevitable.

It is a very sad state of affairs fraught with tragic possibilities that the status of environmental medicine is now so low. Hundreds of million of pounds are being spent every year in curative medicine, which is due to the failure of environmental medicine. Only a small sum is spent on the latter.

If man was a logical being, there is no doubt that environmental medicine would receive the support it needs to survive, but unfortunately, man is an emotional being riddled with complexes, bias, ignorance and lack of adequate knowledge. The effect of this is that he will act illogically and put up pseudo-logical arguments to justify to himself and others why he pursues an attitude which will result in his own liquidation. It can even happen with the more intelligent man that he will attack vehemently progressive ideas, especially if he has some glimmerings of the truth, but as these are in conflict with the factors

mentioned above, it tends to set up a conflict in his mind which distresses him, and he takes the infantile attitude of retreating instead of coming to a logical conclusion and acting on it. By acting logically he can become master of his environment and not the slave, this would produce true contentment and happiness and also give the psychological satisfaction of dignity.

A chain is only as strong at its weakest link. There are many weak links in the chain of public health. The number and the quality of the entrants into the public health service are not satisfactory. The reasons for this are obvious, and have been frequently stated by me in the past. The medical man-power situation in public health is such that if we do not face up to the situation it will become irretrievable.

Ominous signs are developing likewise on the sanitary inspector's side. In the first six months from 1st January—1st July, 1953, a mere 59 candidates presented themselves for the sanitary inspector's examination, and of these only 22 were of a sufficient standard to pass the examination. Forty of these were people who had previously failed, and subsequently 25 failed again. These results show a marked decline even compared to those of 1952, when there were 299 entries and 150 passes; in 1951, there were 325 entries and 153 passes. The Working Party report shows that in November, 1951, there were 240 vacancies for sanitary inspectors. At the time my report is being written it is very doubtful whether any course can be run in the Technical College at Swansea for the training of Sanitary Inspectors, and it is doubtful whether one can be run in the whole of Wales, due to the lack of entrants.

While the system of paid pupilage is an excellent scheme for students training as sanitary inspectors, in my opinion, it will not solve the problem of their scarcity, inasmuch as the prospects after qualifying are not remunerative enough to encourage and attract the right type of person.

Shakespeare said that "coming events cast their shadows before them," it is also truly said "that to be forewarned is to be forearmed." The time has at last come when we must decide what is to be the standard of preventive medicine in the area which we are responsible for. We must reach our decisions and must act now.

Yours sincerely,

G. E. DONOVAN,

Medical Officer of Health.

SOCIAL CONDITIONS AND CHIEF INDUSTRIES.

This area comprises both urban and rural features. It has developed into an industrial area with a series of townships and villages, and practically all these habitations have most of the amenities of a large town, and are provided with a pure supply of water from the Swansea Corporation Reservoirs at Velindre and Cray, sewerage schemes, scavenging services, public light, gas service and parks. In the very rural parts of the district, water is principally obtained from wells and springs, and the sanitation by means of cesspools, pail closets, etc.

There are four cinemas in the area ; two at Gorseinon, one at Gowerton and one at Pontardulais.

A Public Library was opened by the Glamorgan County Council at Gorseinon during 1951, which I understand still continues to be well patronized by the general public. Libraries are also provided at the various Welfare Institutes.

The chief industries in the district are Coal mining, Steel Smelting, Tinplating and Agriculture.

Approval for the construction of a Cold Reduction Plant in the Llwehwr area (at Velindre) was received during the early part of 1953. Work in connection therewith is now in progress.

AREA AND POPULATION.

The Llwehwr Urban District is divided into four Parishes, namely, Llandilo-Talybont, Loughor, Gowerton and Llangyfelach ; the total acreage being 17,815 acres.

The acreage of each Parish is as follows :—

Llandilo-Talybont	....	....	7,556 acres.
Gowerton	....	....	2,538 acres.
Llangyfelach	....	....	6,474 acres.
Loughor	....	....	1,247 acres.
			<hr/>
			17,815 acres.

The estimated residential population of the district for 1953 is given by the Registrar-General as 25,550, an increase of 170 as compared with 1952.

The number of inhabited houses at the end of the year was 7,052 and the rateable value of the district was £100,384 which represents a sum of £382 as the yield of a penny rate.

BIRTHS.

The number of live births registered for the district in 1953 was 323, of whom 146 were male and 177 females, representing a birth rate of 12.64 per thousand of the population. In 1952, the net total births amounted to 319, with a birth rate of 12.57 per thousand of the population ; thus this year there is an increase of 4 births or .07 more than the rate recorded for the preceding year.

Four males and seven female illegitimate children were registered, a proportion of 32.0 per thousand registered live births. The rate for 1952 was 15.6.

The stillbirths numbered 14, that is 10 males and 4 females, which is equivalent to a rate of 41.8 per thousand total (live and still) births, as compared with 22.4 for the year 1952.

BIRTH RATE.

The birth rate for the Llŵchwr area is sadly very low. It is only 12.64 per thousand of the population, whilst that for England and Wales is 15.5, 160 County Boroughs and great towns (including London), 17.0., 160 smaller towns (resident population 25,000-50,000), 15.7 and the London Administrative County 17.5. Our birth rate compares very badly with the Gower Rural area which is 17.5 per thousand births.

An area with a low birth rate is doomed except the factors which have brought this about are reversed.

It does not induce towards a high fertility rate if young married couples are living in rooms or with their people in law. The tensions engendered give rise to quarrelling and unhappiness. It can happen that by giving the highest priority to other cases, that the birth rate can drop to catastrophic levels. There is no real wealth in an area, except in its young, all its hopes and future are centred on them.

An important factor in reducing birth rate is the fact that both partners go out to work and decide to postpone having children.

HOUSING ACCOMMODATION.

The wise use of providing housing for the people is of great social importance.

Houses are a vital factor in the prevention and control of tuberculosis, prevention of infectious diseases, prophylaxis, prophylaxis against psycho-somatic diseases, frustration, complexes, nervous breakdowns and mental illness. Overcrowding especially when a member of the family is suffering from an illness or physical defect, can destroy family life.

Proper housing also conduces to sex morality due to segregation of the sexes.

It is also desirable and very much cheaper from a social point of view, that old people should stay at home and not go into institutions, this can only be possible if there is accommodation at home. The Llanelwyr Council are to be complimented on commencing to build suitable accommodation for the aged.

People cannot enjoy good health and are frustrated in happiness when they live in houses which are structurally bad. The health of our area would be better if there was enough accommodation to supply the needs of the population.

DEATHS.

The net total deaths after allowing for inward and outward transfers amounted to 267, of which 143 were males and 124 females. This gives a death rate of 10.45 per thousand of the population as compared with 306 deaths and a death rate of 12.06 per thousand of the population in 1952. The death rate for England and Wales in 1953 was 11.4 per thousand of the population.

There were 12 deaths under 1 year during the year, giving an Infantile Mortality rate of 37.15 per 1,000 Live Births. The Infantile Mortality rate for England and Wales is given as 26.8 per thousand live births.

The death rate amongst illegitimate children was 0.00 per thousand illegitimate live births, whilst the rate for legitimate children was 38.4 per thousand legitimate births.

There were no maternal deaths during the year. The maternal rate for England and Wales was :—

	Rates per 1,000 (Live and Still)	Total Births.
(a) Sepsis of pregnancy, childbirth, and the puerperium	0.10	
(b) Abortion with toxæmia	0.01	
Other toxæmias of pregnancy and the puerperium....	0.24	
(c) Haemorrhage of pregnancy and child birth	0.13	
(d) Abortion without mention of sepsis or toxæmia	0.04	
(e) Abortion with sepsis	0.06	
(f) Other complications of pregnancy, child-birth and the puerperium	0.18	

Two deaths occurred from Gastritis, Enteritis and Diarrhoea, giving a rate of 0.07 per thousand of the population. The rate for England and Wales was 1.1 per thousand.

Seven deaths were due to Pneumonia, 15 due to Bronchitis, 1 due to Influenza and 5 due to other forms of Respiratory Diseases, which gives a total of 28 deaths from all forms of respiratory diseases apart from Tuberculosis, giving a death rate of 1.09 per thousand of the population.

Three deaths were registered from Tuberculosis of the Respiratory System, which is equivalent to a rate of 0.11 per thousand of the population. There were no deaths from other forms of Tuberculosis.

Cancer and other forms of malignant disease caused 52 deaths, which is equivalent to a rate of 2.0 per thousand of the population.

The causes of deaths during the year are as follows :—

Respiratory Tuberculosis	3
Other Tuberculosis	0
Syphilitic disease	2
Diphtheria	0
Whooping Cough	0
Meningococcal infections	0
Acute Poliomyelitis....	0
Measles	0
Other infective and parasitic diseases	1
Malignant neoplasm, stomach	13
Malignant neoplasm, lung, bronchus	7
Malignant neoplasm, breast	0
Malignant neoplasm, uterus	0
Other malignant and lymphatic neoplasms	32
Leukaemia, aleukaemia	1
Diabetes	3
Vascular lesions of nervous system	30
Coronary disease, angina	30
Hypertension with heart disease	7
Other heart disease....	65
Other circulatory disease	9
Influenza	1
Pneumonia	7
Bronchitis	15
Other diseases of respiratory system	5
Ulcer of stomach and duodenum	1
Gastritis, enteritis and diarrhoea....	2
Nephritis and nephrosis	5
Hyperplasia of prostate	3
Pregnancy, childbirth, abortion	0
Congenital malformations	2
Other defined and ill-defined diseases	14
Motor Vehicle accidents	3
All other accidents	5
Suicide	1
Homicide and operations of war	0
Total	267

The rates of deaths from Infectious Diseases in 1953 are as follows :—

	Llchwyr No. of Deaths	Llchwyr Rate per 1,000 population	England and Wales Rate per 1,000 population
Smallpox	0	0.00	0.00
Whooping Cough	0	0.00	0.01
Diphtheria	0	0.00	0.00
Acute Poliomyelitis and Polioencephalitis ...	0	0.00	0.01
Typhoid and paratyphoid	0	0.00	0.00
Influenza	1	0.03	0.16
Tuberculosis	3	0.11	0.20
Pneumonia	7	0.27	0.55

INFECTIOUS DISEASES.

Diphtheria.—No case of Diphtheria occurred during the year. There has been no case in this area since 1946, which may be attributed to the Immunisation Campaign.

The incidence of Diphtheria for the past ten years is as follows :—

Year.	Number of Cases.	Deaths.
1944	2	0
1945	3	0
1946	4	0
1947	0	0
1948	0	0
1949	0	0
1950	0	0
1951	0	0
1952	0	0
1952	0	0
1953	0	0

General Practitioners in the Administrative County who participate in the County Council's Scheme for Diphtheria Immunisation and Vaccination against Smallpox may obtain serum and vaccine free of cost from the Medical Research Laboratories at Cardiff and Carmarthen.

It cannot be too strongly stressed that Diphtheria Immunisation gives nearly 100% protection and that in my opinion a parent or guardian who knowingly deprives a child of this protection is guilty to say the least of gross negligence—and that is using a mild term. There is no reason why anyone in this area can state that they are unaware of the facilities available to them for immunisation.

We cannot be too complacent about diphtheria immunisation. It must be remembered that previously 50% of the death rate in diphtheria occurred in children under the age of four years. It requires only a few years of non-immunisation to be back in the old days. This illustrates that there is no final victory in preventive medicine—it is a continuous battle.

Scarlet Fever.—Twenty-seven cases of Scarlet Fever were notified to my department during the year, 24 of which were admitted to Isolation Hospitals, as compared to 23 cases in 1952.

The removal of cases of Scarlet Fever to Isolation Hospital in this district, depends upon home conditions. If the home conditions are such that in the opinion of the medical officer of health it is safe to nurse the patient at home, this is done, but if the home conditions are unsuitable the patient is admitted to Garngoch Isolation Hospital.

Pneumonia and Influenzal Pneumonia.—Three cases of Pneumonia and Influenzal Pneumonia were notified during the year, giving a rate of 0.11 per thousand of the population, the rate recorded for England and Wales was 0.84 per thousand of the population.

Erysipelas—7 cases of Erysipelas were notified, producing a rate of 0.27 per thousand of the population, the rate for England Wales being 0.14; 2 cases were notified in 1952 giving a rate of 0.08.

Puerperal Pyrexia.—Fourteen cases of Puerperal Pyrexia were notified. This gives a rate of 41.5 per thousand total (live and still) births, and the rate for England and Wales was 18.23 per thousand. Three cases were notified in 1952 giving a rate of 9.40 per thousand births (live and still).

Venereal Disease.—Many cases are brought to the notice of the public health Department. Those who are not attending for treatment are contacted and encouraged to attend a V.D. clinic. Contacts are also requested to attend a clinic.

Wasserman Blood Tests are being done as a routine in the Ante-Natal Clinics, and the samples of blood are sent to the Cardiff and County Public Health Laboratory.

The nearest clinics for this area are held at Swansea and Port Talbot, and the sessions are held as follows :—

Swansea Clinic (Situate at Swansea General and Eye Hospital).

Males Monday, 2 p.m.

Tuesday, 6.30 p.m.

Friday, 6.30 p.m.

Females—Thursday, 1.30 p.m.

Port Talbot Clinic.—(Situate on the right hand side of the road immediately opposite the exit from G.W.R. Station :—

Males—Monday, 2.30 p.m. to 4.30 p.m., and 5 p.m. to 8 p.m.

Thursday.—10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Females.—Wednesday 10.0 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Poliomyelitis.—One case of Non-paralytic Poliomyelitis occurred during the year under review. Appropriate action was taken.

Two cases were notified during 1952.

STATISTICAL REVIEW, 1953.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1953, and for the purpose of comparison quotes similar statistics for the years 1952 and 1933 :—

		Birth Rate.			Death Rate.			Infant Mor- tality Rate.		
		1953	1952	1933	1953	1952	1933	1953	1952	1933
England and Wales		15.5	15.3	14.4	11.4	11.3	12.3	27	28	64
Administrative County of Glamorgan		16.2	16.2	16.0	11.8	11.6	12.7	31	34	79
Total Urban Districts		16.4	16.5	16.2	11.9	12.0	13.0	29	36	81
Total Rural Districts		15.6	15.3	15.1	11.4	10.5	11.6	37	30	72
Health Division	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban	13.6	14.1	13.6	14.7	14.3	14.0	31	37	78
	Mountain Ash Urban	17.0	18.3	18.3	11.3	12.2	13.6	25	51	69
Caerphilly and Gelligaer	Caerphilly Urban	20.1	20.1	19.5	9.3	10.6	13.4	37	42	85
	Gelligaer Urban	18.5	17.5	18.8	10.8	12.0	12.3	32	32	75
Mid-Glamorgan	Bridgend Urban	16.3	16.2	12.3	10.0	11.1	9.9	40	18	32
	Maesteg Urban	18.5	18.4	17.4	11.0	11.7	12.8	33	26	71
	Ogmore & Garw Urban	16.7	17.5	16.4	11.5	11.6	11.2	43	66	95
	Porthcawl Urban	14.2	13.7	12.6	13.7	12.4	14.9	43	23	52
	Penybont Rural	16.6	15.2	16.6	12.9	9.0	11.0	33	21	82
Neath and District	Neath Borough	14.2	14.7	13.5	11.2	11.1	13.8	18	30	95
	Neath Rural	15.0	15.4	15.7	10.9	10.6	11.3	50	19	79
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural	20.0	20.4	18.7	10.3	10.5	11.3	39	54	67
	Pontypridd Urban	15.2	14.7	17.8	16.9	12.0	12.8	19	27	83
Port Talbot & Glyncorrwg	Glyncorrwg Urban	19.3	23.0	20.9	10.6	10.1	13.6	44	23	84
	Port Talbot Borough	18.5	18.7	16.4	11.1	9.6	13.4	19	29	96
South-East Glamorgan	Barry Borough	17.7	17.6	16.3	9.8	11.9	12.6	30	33	51
	Cardiff Rural	13.2	12.1	12.6	12.6	10.7	11.5	17	25	70
	Cowbridge Borough	11.7	16.4	14.9	11.7	11.6	20.4	—	—	—
	Cowbridge Rural	15.5	14.7	14.9	5.8	7.0	11.0	25	31	45
	Penarth Urban	16.9	14.4	11.1	11.8	13.0	11.4	9	30	46
West Glam- organ	Gower Rural	17.5	17.0	11.5	11.8	12.0	11.7	44	36	73
	Llchwyr Urban	12.6	12.6	15.1	10.5	12.1	10.6	37	38	85
	Pontardawe Rural	13.9	14.6	13.7	13.2	13.3	12.8	49	32	70
Rhondda	Rhondda Urban	15.3	15.6	15.9	12.8	12.9	13.6	31	40	92

VITAL STATISTICS, 1953--ADMINISTRATIVE COUNTY OF GLAMORGAN

[illegible]

ANALYSIS OF NOTIFIABLE DISEASES (other than Tuberculosis) during the year 1953.

DISEASES.	NUMBER OF CASES.									Total number of cases admitted to Garngoch Isolation Hospital	Total Deaths
	AGE PERIODS.										
	At all Ages	Under 1 Year	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 and over	Age un-known		
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	27	—	1	9	15	—	1	1	—	24	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	14	—	—	—	—	—	9	5	—	13	—
Pneumonia	3	—	—	—	—	1	—	2	—	3	—
Erysipelas	7	—	—	—	—	—	—	7	—	5	—
Whooping Cough	25	4	6	6	8	1	—	—	—	5	—
Measles	3	—	1	1	1	—	—	—	—	3	—
Ophthalmia Neonatorum....	—	—	—	—	—	—	—	—	—	—	—
Polio-myelitis	1	—	—	—	1	—	—	—	—	1	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	3	—	—	1	1	—	—	1	—	3	—
Food Poisoning	17	—	—	—	—	—	—	—	—	3	17

TUBERCULOSIS.

There were 26 cases of tuberculosis notified during 1953, as compared with 19 for the year 1952. There were 8 cases of other forms of tuberculosis as compared with 6 last year. The total number of deaths registered from all forms of tuberculosis was 3 as compared with 8 last year.

We are coming to a stage when we will have more cases of tuberculosis in our midst than previously, due to the fact that prior to this the bad cases died and the slight cases recovered. Due to modern treatment, the bad cases now survive very much longer. Whilst this is very desirable for the individuals concerned, from the point of view of the community it means that there will be more cases of tuberculosis at large.

There is great difficulty in deciding about the notifications of primary tuberculosis. Some authorities take the view that primary cases of tuberculosis are non-infectious at the time and should not be notified, and consequently they do not notify them. In my opinion, it is very desirable that all these cases should be notified, as, from a preventive point of view, we are very interested to know where they had their infection, and by this means to check up on all contacts and prevent further cases.

It can happen that a primary case would be notified two years later as a certified case of tuberculosis. It is rather late to do anything at this particular stage, it could be done very much easier two years previously.

Rubella and Haemolytic Streptococcal Infection.

There is a great danger in having a lakadaisical attitude towards infectious diseases. For instance, the general public look upon German Measles as being of relatively little consequence. It has been proved that there is a great danger to the unborn child if a woman contracts this disease when she is about three months pregnant. As her child may be born with congenital defects such a defect is not due to heredity but due to the foetus being affected by the mother's complaint. It is very desirable that a pregnant woman be prevented from coming into contact with such a disease as German measles.

The general attitude towards haemolytic streptococcal infection, such as scarlet fever, is that they are relatively benign. This, in my opinion, is a dangerous attitude. The haemolytic streptococcus is intimately associated with rheumatic fever, and rheumatic fever is the great cause of heart disease (endocarditis). Haemolytic streptococcal infections are also associated with nephritis, it may be years afterwards when the original agent which caused the disease has been completely forgotten that the patient is diagnosed as suffering from incurable heart disease or nephritis.

In my opinion, it is very dangerous to nurse in open wards in a general hospital any infectious diseases, the proper place for these cases is in an infectious disease hospital.

BACTERIOLOGICAL WARFARE.

Myxomatosis :—

I mentioned previously the dangers of bacteriological warfare, and used it as an illustration of the absolute necessity of keeping intact public health.

I would be inclined to the view that most people now are acquainted with the effects of what happens when an infectious disease is introduced and which is capable of decimating a population. A typical example is myxomatosis among rabbits. Rabbits at the present time where this disease has been introduced are dying very painfully—its the rabbits day today, it may be ours tomorrow.

I am not saying that myxomatosis can affect human beings, but bacteriological warfare as such is being actively pursued in the major countries. One of the great safeguards is fully manned public health departments. The calibre of these people should be of the highest. I am afraid that under present conditions we are not recruiting into our services the cream of our profession, the reasons are obvious.

THE AIR WE BREATHE.—A potential danger in our area with the increase of industrialisation would be an increase in the hazards of smoke. All of us realise that industrialisation is necessary, as it provides the cash to keep up a certain standard of living.

This potential smoke hazard is not a theoretical question, but is one of practical importance. It is easier to avoid smoke pollution when industries are being developed than when the problem has really arisen.

An example of what can happen is the four day smog which occurred in London in 1952. This polluted air was responsible for the death of between 3,500 and 4,000 people. It must be pointed out that most of the people who died were old people or invalids. It was recommended at the time that smog masks should be worn. This is a very sorry state of affairs to have reached—that the very air was a source of danger.

The principle source of trouble was the fumes from the burning of coal. In very smoky areas certain parts are being designated smokeless areas, and it has been shown that a great deal can be done to render the air breathable in these designated smokeless areas.

It is very much cheaper and very much better to take precautions at the very beginning to prevent smoke being such a public health menace.

SMOKING.—Cancer of the lung is increasing. There is a close co-relationship between cancer of the lung and smoking. It is very desirable, from a public health point of view, that children and young adults should be actively discouraged from taking up cigarette smoking. A person who introduces the young to the hazards of smoking is taking on himself a grave responsibility.

NEW CASES AND MORTALITY DURING 1953.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1—	—	—	1	1	—	—	—	—
5—	1	1	—	—	—	—	—	—
15—	4	5	2	—	—	—	—	—
25—	3	4	3	—	1	—	—	—
35—	—	1	—	1	—	—	—	—
45—	4	1	—	—	—	—	—	—
55—	2	—	—	—	1	—	—	—
65 and upwards	—	—	—	—	1	—	—	—
TOTALS	14	12	6	2	3	—	—	—

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under this regulation during the year 1953, relating to Tubercular employees in the milk trade.

PUBLIC HEALTH ACT, 1936, SECTION 172.

No action was taken under this section during the year 1953.

Infantile Mortality Rate.—The Infant Mortality Rate is a very good index to the social circumstances of an area as the rate tends to be high in places where bad housing, overcrowding, defective sanitation, maternal ignorance and neglect, prevail. The rate for the Llŵchwr area is 37.15 per thousand live births. This is higher than I like it.

Tuberculosis Clinics.—The curative treatment of Tuberculosis is in the care of the Regional Hospital Board, and patients suffering from this disease attend the Dispensary at 9/10 Grove Place, Swansea.

Hospitals.—The Gorseinon General and Maternity Hospital and Garngoch Isolation Hospital are under the control of the Glantawe Regional Hospital Board.

NATIONAL HEALTH SERVICE ACT, 1946.

Ambulance Facilities :—

Infectious and Non-Infectious Cases.—Since the 5th July, 1948, the Glamorgan County Council have taken over the control of the ambulance services in the administrative county.

An Ambulance Station established at Gorseinon controls the ambulances and cars stationed at Reynoldston, Gowerton, Gorseinon, Pontardulais, Gwauncaegurwen, Cwmllynfell, Ystalyfera, Pontardawe and Clydach.

Laboratory Facilities.—Pathological and bacteriological specimens are submitted to the Cardiff and County Laboratory for examination.

NATIONAL ASSISTANCE ACT, 1948. Section 47.

My department keep a constant eye on the type of cases which could, if allowed to develop, require action. No legal action was taken.

WATER SUPPLIES.

The following Table show results of water samples taken during the year :—

WATER ANALYSIS.—CHEMICAL AND BACTERIOLOGICAL REPORTS.

No.	Source	Chemical Report.	Bacteriological Report.
1.	Spring, Clodir Cottage, Pontllw	A fairly hard water of moderate purity. The chemical and physical characters are satisfactory.	Satisfactory.
2.	Tap 3, Canffrwd Terrace, Glynhir, Pontardulais ...	A soft faintly acid water containing a small amount of dissolved iron. The chemical and physical characters are satisfactory.	Satisfactory.
3.	Spring, Ffynon Feibion, Llangyfelach	A fairly soft faintly acid water. Chemical analysis shows no evidence of any recent organic contamination.	Satisfactory.
4.	Well, Berthllwyd Inn, Gowerton	A fairly acid water of medium hardness, containing a considerable amount of dissolved copper—0.30. Sample shows no evidence of any recent organic contamination.	Satisfactory.
5.	Spring, Cae Bassett, Gowerton ...	A fairly soft faintly acid water. The chemical and physical characters are satisfactory.	Satisfactory.
6.	Well, Berthllwyd Inn, Gowerton	A faintly acid water of medium hardness containing an excessive amount of copper—1.20. Chemical analysis indicates the sample to be of good organic quality.	Satisfactory.
7.	Spring, Bryniau Duon Farm, (Cowshed), Fforestfach ...	A fairly soft neutral water containing a large amount of zinc. The chemical and physical characters are satisfactory. Zinc. 16	Satisfactory.
8.	Spring, Penwaunfach, Llangyfelach	A fairly soft acid water. The chemical and physical characters are satisfactory.	Satisfactory.
9.	"Brynrhos," Cefnstyde Gowerton	A soft neutral water. The chemical and physical characters are fairly satisfactory.	Satisfactory.
10.	"Troedyrhiw," Cefnstyde, Gowerton	A soft neutral water. The chemical and physical characters are fairly satisfactory.	Satisfactory.
11.	Spring, Bryniau Duow Farm, Fforestfach 'Source' ...	A soft acid water of moderate organic purity. Metals Nil.	Satisfactory.
12.	Spring, Bryniau Duow Farm, 'Cowshed' Fforestfach ...	A soft neutral water containing considerable amounts of iron and zinc. Iron 1.0 ; Zinc 30.0. The chemical and physical characters are unsatisfactory.	Satisfactory.

FLUORIDATION OF WATER SUPPLIES.

Water, for drinking purposes, should not be looked upon as being a pure chemical compound (H_2O) but something else in addition. It usually contains a small quantity of dissolved salts, and these, when present in optimum, minute quantities are valuable.

It has been shown, especially in America, that the incidence of dental caries is reduced in children who have been exposed throughout their lives to concentration of one part per million of fluorine or more in the domestic water supplies. As a result of these findings domestic water supplies are being increasingly fluoridated in the United States and Canada, and is now becoming a general practice in these countries.

As long ago as 1947 I stated in my Annual Report for that year about research on the importance of fluorine in the water supply from the point of view of dental caries, and stated that the method was promising. I also alluded to fluoridation as recently as my last Annual Report. I stated in this report that the Government Mission which went to the United States of America and Canada left their readers in no doubt as to their conviction that the presence of natural fluorides in domestic water supplies reduce very markedly the incidence of dental caries not only in young persons, but also in adults up to middle age, and that artificially fluoridated waters act in precisely the same way as those containing natural fluorides.

The United Kingdom Mission reports as follows :—

(Para 25). "There can be little doubt that fluoridation will reduce the incidence of dental caries very substantially, not only among children, but also among adults. However, it should be emphasised that fluoridation is not a 'cure' for dental caries, and it is not known whether it retards the progress of existing caries. Older children and adults brought up in areas where the water has not contained fluoride cannot expect much direct benefit from fluoridation, which must be regarded as a long term measure. Some individuals who are particularly susceptible may develop severe dental caries despite life-long consumption of fluoridated water. Even with fluoridation, caries will continue to exist and the need for dental treatment will not decrease. However, the reduction in dental caries which follow fluoridation will do much to reduce the present serious gap between the dental needs of the people and the amount of available treatment."

Dr. J. H. Chalmers Clarke, states in his article entitled, "The Value of Fluoridation of Domestic Water Supplies in Prevention of Dental Caries and Dental Sepsis "suggests" on the evidence obtained in Kesteven, that very substantial benefits, in the form of improved dentition, health and general well-being may be expected to accrue to children from fluoridation and that such benefits can be carried forward at least to middle age. It is suggested also that the usual recommended dose of 1.2 to 1.5 p.p.m. is free from any risk of fluorosis, and that the fluoridation of public water supplies should be implemented as official policy without any delay."

Probably the optimum dose of fluoride is 1.2 to 1.5 parts per million, and even greater increase of concentration may be tolerated without any ill-effects. I have, personally, thought it advisable to have the water supplies in the Llŵchwr area analysed for their fluoride content, the following is a copy of the analysis ---

Velindre Supply, Teify House, Station Road, Grovesend,	Fluorides (as F) in parts per million 0.035.
Townhill Supply, Swansea, 19, Swansea Road, Garden Village	0.035.
Clase Supply, Swansea, 83, Mount Pleasant, Gowerton	0.040.

It will be noted that the fluoride content expressed as parts per million is approximately 30-40 times less than the usually recommended dose.

Fluorosis may occur with excessive doses of fluorine. Chronic mild fluorosis produces mottling of the teeth, but this should not occur with the recommended doses. Dr. Chalmers Clarke, in his article has given evidence that undesirable mottling of teeth does not occur even with concentrations of fluorine as high as 2.5 parts per million.

A fluoridated water supply is odourless and tasteless. Four varieties of fluorine compounds are used for fluoridation in the U.S.A., and there seems to be no special technical difficulties to their applications in domestic water supply. It seems that dental staffs must still be employed in the public health service despite the fluoridation of public water supplies, as dental caries will

still exist, though happily to a lesser amount and degree. This very valuable reduction could give much help in bridging the gap which exists in dental needs and available treatment.

At the present time very careful and selective control trials are being instituted by the Ministry. Invitations have been extended to many Councils to take part in these trials. It is interesting to note that in Wales the Council of Anglesey have decided to accept the invitation. I understand that certain areas for technical reasons, were suitable for the studies proposed by the Mission which was appointed by the Ministers of Health and Housing and Local Government, the Secretary of State for Scotland and the Medical Research Council. Those Councils who have taken part in this official study have been informed that the Minister and Secretary of State would be prepared to assist them with technical advice and at the various stages throughout the study his officers would be glad to work in the closest co-operation with those of the Councils selected for the study. The Minister and Secretary for State has undertaken to defray the expenses which such Councils would necessarily incur in connection with the studies. It is understood that the Minister and the Secretary for State were advised that such action on their part would be within their statutory powers, and that they were prepared to indemnify such a Council for the cost of any legal proceedings in which such a Council might be involved should legality of the Council's action be challenged.

Such tests in the United States have aroused emotional hostility, outside pressure groups have used a propaganda that such tests are compulsory experiments upon human beings, and that they are being treated as if they were no better than guinea pigs. It may happen that there may be a barrage of unscientific and emotional arguments directed against the Councils and people of the areas selected for these trials. It must be remembered that fluorides are a normal content of some waters, and that the adding of fluoride to waters deficient in this substance can be looked upon as remedying a deficiency.

It is fortunate that there is a certain amount of fluoride present in tea, and probably without this our teeth would be even very much worse than they are.

As we are going ahead with new water supply schemes in our area, the question of fluoridation becomes more acute, and it is desirable that the Council enquire into the possibility of introducing it. The question would be mainly one of finance and engineering.

It is very advisable that fluorine be administered before the age of eight years if it is to do the most good. It must also be borne in mind that fluorine can be topically applied by the dentist to the teeth of the young.

Meat and other Foods.

During the War, and also since cessation of hostilities the slaughtering of cattle, sheep and pigs (except the slaughtering of cottager's pig) is centralised at the Swansea Abattoir and therefore the Department is not in a position to furnish information relating to inspection and condemnation of cattle, etc., as required in Paragraph 8 of Circular 42/51 (Wales).

Disposal of Condemned Foods.

All rationed meat condemned by this Department during the year under review was returned to the Swansea Abattoir as required by the Ministry of Food.

Other foodstuffs condemned were dealt with at the Council's Refuse Tips according to the nature thereof.

Early in December, the Minister of Food announced new regulations and conditions for sale of condemned meat and offals from Government slaughterhouses. Meat and offals must, in future, be processed, boiled or sterilized by the buyer before resale. If, however, the meat is resold to a retailer for animal feeding or to a processor, the liability for processing, boiling or sterilization must be included in the contract for sale. Condemned meat which has not been treated in this manner can be sold to zoos, menageries, and for other specified purposes.

The revised conditions of sale also require sellers of raw, condemned meat and offals to inform the Medical Officer of Health in the area where the meat is delivered of the names and addresses of the consignees.

MEAT INSPECTION.

It has been noticed that determined efforts are being made by the veterinary profession to become responsible for meat inspection in the country.

In my opinion, Sanitary Inspectors with the special qualification of Meat and Food Inspection supervised by the Medical Officer of Health are quite capable of providing the inspection necessary to see that the public obtain meat free from disease and in a wholesome condition.

The veterinary profession can play their part, and there is ample opportunities for them to prevent diseased animals reaching slaughterhouses by constant inspection of live animals before dispatch to slaughterhouses.

The Council have so far licensed six private slaughterhouses in the area since derationing, and although much extra work has been given the Sanitary Inspectors, every carcase is being inspected now before removal.

Condemnation of Food.—The following foods were condemned by the Sanitary Inspector during the year:—

- 270 lbs. Cooked Ham.
- 70 lbs. Corned Beef.
- 30 lbs. Cooked Tongue.
- 20lbs. Danish Pork.
- 152 lbs. Bacon and Ham.
- 494 lbs. Raw Meat.
- 2 lbs. Butter.
- 2 lbs. Lard.
- 12 lbs. Cheese.
- 8 lbs. Margarine.
- 4 Cakes.
- 15 Packets Biscuits.
- 6 Packets Vermicelli.
- 217 Tins Fruit.
- 230 Tins Meat, various weights.
- 66 Tins Peas.
- 26 Tins Baked Beans.
- 72 Tins Tomatoes.
- 12 Tins Fish.
- 2 Tins Pudding.
- 1 Tin Irish Stew
- 1 Tin Marmalade.
- 1 Jar Lemon Curd.
- 37 Tins Milk.
- 7 Tins Jam.
- 14 Tins Cream.
- 1 Tin Beetroot.
- 43 Tins Soup.
- 1 Tin Sardines.
- 1 Jar Pickles.

Food and Drugs.—Through the kindness of Dr. W. E. Thomas, County Medical Officer of Health, I am able to give the following particulars of samples taken and submitted to the Public Analyst :—

Milk	....	....	415	Ice Cream	....	....	25
Butter	....	....	2	Canned Bilberries	....	....	1
Honey	....	....	4	Glucose Drink	....	....	1
Semolina	....	....	2	Pearl Barley	....	....	1
Sponge Flour Mixture	....	....	6	Coffee & Chicory	....	....	3
Self Raising Flour	....	....	6	Rice	....	....	2
Cream of Tartar	....	....	1	White Fondant	....	....	1
Baking Powder	....	....	2	Health Salts	....	....	1
Gravy Colouring	....	....	3	Canned Blackcurrants	....	....	1
Cake Mixture	....	....	5	Pudding Mixture	....	....	2
Non Brewed Condiment	....	....	1	Table Jelly	....	....	6
Sauce	....	....	1	Condensed Milk	....	....	1
Ground Cinnamon	....	....	1	Non Alcoholic Cydersnap	....	....	1
Bi-Carbonate of Soda	....	....	1	Vegetable Salad	....	....	1
Tomato Sauce	....	....	1	Vitamin Capsules & Tablets	....	....	9
Canned Fish	....	....	1	Halibut Liver Oil Capsules	....	....	6
Ground Ginger	....	....	2	White Pepper	....	....	1
Gelatine	....	....	1	Lemon Curd	....	....	2
Tapioca	....	....	1	Salad Cream	....	....	1
Ground Nutmeg	....	....	1	Cake & Pudding Mixture	....	....	2
Shredded Beef Suet	....	....	1	Mayonnaise	....	....	1
Orange Squash	....	....	1	Blancmange Powder	....	....	2
Rusks	....	....	1	Dried Green Peas	....	....	1
Canned Mushrooms	....	....	1	Liquid Paraffin	....	....	1
Steamed Pudding Mixture	....	....	1	Flixir Jaffol	....	....	1
Vinegar	....	....	5	Tea	....	....	1
Sandwich Spread	....	....	1	Canned Sterilized Cream	....	....	1
Cake Decorations	....	....	1	Horse Radish Sauce	....	....	1
Grape Fruit Juice	....	....	1				
Scone Flour Mixture	....	....	1				
Double Cream	....	....	2				
						Total	550

Two samples of Ice Cream were found on analysis, to be deficient in fat to the extent of not less than 19 per cent and 24 per cent respectively. Proceedings were taken against the Vendors resulting in fines amounting to £8 plus £5 5s 0d.. Advocate's fees and £1 10s. 0d. Analyst's fees.

FOOD POISONING.

I have mentioned in previous Annual Reports the dangers of food poisoning. The following outbreak of food poisoning which occurred in our area is illustrative of such an outbreak and shows how preventive medicine deals with such an outbreak when it occurs. Of course, the real function of preventive medicine is not to control an outbreak, but to prevent one occurring.

On Thursday, 4th June, 1953, I received a telephone message from one of the works medical officers to the effect that an outbreak of food poisoning had occurred thereat.

Accompanied by my two Sanitary Inspectors, I visited the works concerned and investigated the circumstances relating to the outbreak.

During the investigation, it was ascertained that a local butcher had received a fore-quarter of imported beef on 28th May, 1953, and supplied the Canteen concerned with 81 lbs. boiling pieces and 38lbs. roasting joints on Friday, 29th May, 1953, which were placed in a refrigerator. The remainder of the fore-quarter was sold by the butcher to the general public as rationed meat. No case of food poisoning was notified from the general public other than employees of the works.

The meat received from the butcher was boiled and roasted on Saturday, 30th May, 1954, and after cooling about 9lbs. of the boiled meat was made into pressed beef and placed along with the cooked meat in the refrigerator, and not served until Monday, 1st June, 1953. In addition, a boiling piece of ham was received on 28th May, 1953, from a wholesaler and boiled on Friday, 29th May, and also placed in the refrigerator, and not served until Monday, 1st June, 1953. On Monday, 1st June, a six pound tin of corned beef was opened and a portion thereof served on the same day.

It was also ascertained that no synthetic cream or raw cream had been used in the canteen. The milk supply was pasteurised, in sealed bottles, and supplied by a local milk vendor who had an extensive retail business in the area.

Two of the female canteen staff had suffered symptoms of food poisoning, and accordingly they were requested to cease work immediately, which they did.

Rectal swabs were taken from the two female canteen staff, and seven workmen, who having had symptoms of food poisoning were still at work, and sent to the Cardiff and County Laboratory for examination.

The names of all persons reported to have suffered symptoms of food poisoning and those absent from work were obtained from the works office, and visited individually by the Sanitary Inspectors, and so far as those who resided outside the area, I contacted the respective medical officers of health concerned, viz. : Swansea, Gower and Llanelly.

Of all the cases visited and interrogated by this Department, nine gave a positive result to *Salmonella Enteritidis* of Danysz variety.

As far as it was possible to ascertain, the following number of persons suffered symptoms of food poisoning :—

Area.	Men.	Women.
Llwchwr area	15	2
Gower area	10	—
Llanelly area	1	—
Swansea	1	3

Five cases were admitted to Garngoch Isolation Hospital, three from the Llwchwr area, and two from the Gower area.

In all the individual cases visited and those interrogated at the works, it was ascertained that they had eaten either on Monday or Wednesday, June 1st and 3rd (Tuesday, 2nd June, being Coronation Day) cold meat sandwiches, principally pressed beef. It was significant that four workmen had obtained a supply of sandwiches of pressed beef, and a few cheese sandwiches. Three of the four men who ate pressed beef sandwiches suffered poisoning, and the fourth man who ate only cheese sandwiches suffered no ill-effects. Another four men who obtained and all ate pressed beef sandwiches suffered symptoms of food poisoning.

All the pressed beef which had been served to the workmen on Monday and Wednesday, 1st and 3rd June, 1953, had been eaten, and no quantity was left over for analysis.

Two samples were taken of the roast beef, one from the cut slices, and one from the main joints.

The remains of the corned beef were also sampled as well as the remainder of the cooked ham. Samples were taken at the butcher's shop of the uncooked beef. All the samples submitted for examination proved to be negative.

Byelaws under Section 15 of the Food and Drugs Act, 1938.

The Council have made Byelaws under the above named section of the Food and Drugs Act, 1938, which came operative on the 11th September, 1950.

In the light of these Byelaws, premises in the area where food is manufactured, prepared and exposed for sale are visited from time to time for the purpose of ascertaining whether or not there is any contravention of such Byelaws. Where any contravention is found, and/or where the premises are not provided with adequate facilities to ensure and promote cleanliness, the attention of the occupier is drawn to the matter. A reasonable time is allowed him to instal the necessary facilities.

MILK.

Milk is a highly nutritious food. It can be also a most dangerous food, as it can act as an ideal culture medium for certain pathogens, except certain precautions are taken. It is my opinion that it is highly desirable that all milk should be pasteurised.

Milk should come from clean, healthy herds. The milking should be done under proper hygienic conditions, and should not be contaminated at any stage. Pasteurisation should not be used to cover up dirty milk.

There are two pasteurising establishments in the area which are licensed by the Glamorgan County Council. The milk supply of these establishments is sampled regularly.

There are also nineteen milk distributors and some sixteen producer/retailers in the area. In addition to the foregoing, nine milkvenders from neighbouring districts sell milk in the Llchwyr area. Dairies within this area are visited as often as possible.

Bacteriological samples of milk were taken on 22 occasions, and found to be :—

Satisfactory	21
Unsatisfactory	1

All milk samples submitted for Tuberculosis Test proved on examination to be negative.

ICE CREAM.

Ice-Cream is a nutritious food. It is essential that it should be manufactured, stored and sold under hygienic conditions.

Numerous outbreaks of intestinal infections have occurred throughout the country due to Ice-Cream, and consequently legislation was introduced requiring the registration of premises where Ice-Cream is sold, or manufactured for the purpose of sale, or stored for intended sale.

The Ice-Cream (Heat Treatment, etc.), Regulation, 1947, state that where in the manufacture of Ice-cream, a "complete cold mix" is used, which is reconstituted with water, colouring or flavouring materials, etc., the product shall be converted to ice-cream within one hour of reconstitution. In any other case, after the ingredients have been mixed, the mixture shall not be kept for more than one hour above 45°F before being raised to and kept at a temperature of not less than 150°F for 30 minutes, or 160°F for 10 minutes. It shall then within 1½ hours be reduced to not more than 45°F., and there kept until freezing is begun. Ice-Cream may not be sold unless kept at a temperature not exceeding 28°F. It must be protected from contamination at all times.

The Ice-Cream (Heat Treatment, etc.), Regulations, 1947, have been amended by the Ice-Cream (Heat Treatment, etc.), Amendment Regulations, 1953, so as to include the High Temperature Short Time (H.T.S.T.) method of heat treatment. This H.T.S.T. method provides for the heat treatment of ice-cream mixes at a temperature of not less than 175°F for at least 15 seconds. The apparatus used is required to be thermostically controlled and, as with the high temperature short time plants used for the pasteurisation of milk, fitted with a flow diversion valve. The installation of a positive displacement pump is also required, but this requirement would be met where the flow-rate through the plant is regulated by a piston homogeniser. The other relevant provisions of the Ice-Cream (Heat Treatment, etc.) Regulations of the 1947-1951, also apply to ice cream manufactured by the new process.

There is a great danger if Ice-Cream is made from materials which contain pathogenic organisms. What is even more dangerous is the actual introduction of organisms by insanitary methods of handling.

To comply with the regulations, Ice-Cream must contain not less than 5% fat content, $7\frac{1}{2}\%$ non-fat milk solids, and 10% sugar.

Samples are taken by the Sanitary Inspectors and submitted to the County Public Health Laboratory for bacteriological examination. Unsatisfactory results are followed up in each case.

The number of manufacturers, retailers, and dealers selling ice-cream in the area are as follows :—

Number of manufacturers/retailers of 'hot mix'	....	....	10
Number of manufacturers/retailers of 'cold mix'	....	....	2
Number of retailers only	....	....	4
Number of dealers retailing prewrapped ice-cream	....	....	49

These premises are visited from time to time by the Sanitary Inspectors.

HOUSING.

During the year 80 new Council houses were erected and tenanted on the Penllergaer and Penyrheol sites, bringing the total of post war houses, erected and occupied, on various sites to 570.

At the present time the Council are erecting a further 114 houses on the Brynteg site Gorseinon, the first of which should be ready for tenanting towards the end of the year.

Among the 114 being erected are 8 Old Age Pensioners bungalows, these will be the first to be erected by the Council on any site solely for old age pensioners.

The Council also contemplate erecting at Llangyfelach 46 houses on a site not far from the new Cold Reduction Plant now in the process of construction.

Since the cessation of hostilities the Council have by new construction and casual vacancies housed 712 families.

The Council have, during the past two years, given houses to an appreciable number of key workers in new industries set up in the area.

SLUM CLEARANCE.

The Council have for the past few years engaged in Slum Clearance, and since the cessation of hostilities, 10 individual houses have been dealt with and demolished.

In addition there have been two clearance schemes involving :

1. Brynteg Row, Gorseinon 10 houses.
2. 78, 80, 82 West Street, Gorseinon, 3 houses.

It is the intention of the Council to deal with those farther houses needing demolition by rehousing the families in their general building programme and a further 10 houses will be dealt with shortly. By this method it is hoped to eliminate all slum houses in the area within the next 4 to 5 years.

RODENT CONTROL.

This Council employs a full-time Rodent Operator, and has done so since 1946. Systematic visits continue to be made to dwelling-houses, refuse dumps, business premises, etc., from time to time, and where infestations are found on business premises, the Council invariably are asked to carry out the work, and recover the costs by so doing. Private dwelling-houses are treated free of charge and 50% of the costs are recoverable by way of grant from the Ministry of Agriculture and Fisheries, subject to government audit. As required, Form PDP/R4 was completed and returned to the Ministry of Agriculture and Fisheries for the period 1st January, 1953 to 31st March, 1954.

During the year under review, the usual sewer maintenance treatments, including test baiting, were carried out, and casual labour was employed for the purpose.

The present rodent operator is so busily engaged in survey and treatment of dwelling-houses and business premises as laid down by the Ministry, that in consequence, the number of visits made by him to farms are small. The attention of the Council therefore has been drawn to the provisions of the Prevention of Damage by Pests Acts, 1949, whereby it is the primary obligation of the local authority to ensure that so far as practicable its area should be kept free from rats and mice, and that during threshing or dismantling of ricks, the Council should see that the ricks are securely fenced against the escape of rats.

The Council has decided to employ a part-time rodent operator to assist the present full-time man. An assurance has been received from the Ministry that any additional expenditure incurred in rodent control activities will qualify for re-imbursement, except in the case of premises other than private dwellings.

The following are particulars of work done by my Department during the year 1953 in connection with Rodent Control :—

Number of Reservoir Infestations Treated	....	3
Number of Major Infestations Treated ....	....	20
Number of Minor Infestations Treated ....	....	305
		<hr/>
Total	....	328
		<hr/>

Number of Dwelling-houses Treated	....	297
Number of Local Authority Properties Treated....		3
Number of Business Premises Treated	....	28
		<hr/>
Total	....	328
		<hr/>

Total number of Inspections made (including houses, business premises, farms, local authority properties, etc.)	352
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REMOVAL OF HOUSE REFUSE, PAIL CONVENIENCES, CESSPOOLS.

Since March, 1950, the Council have undertaken this work by direct labour, and all properties (except farms and houses in isolated situations) receive a twice weekly collection of house refuse. Cesspools are increasing in the area, and now number 130, a substantial number of the new houses erected in the area since the war have been in areas where there are no sewers, whilst there is a tendency for householders of existing houses in areas without sewers to construct cesspools.

At present 525 houses are visited for the collection of pail conveniences. Of this number 50 houses are situated within 100 feet of the Council's sewers—a large number being in the Loughor area. All other houses are situated at the external boundaries of the district involving much lengthy transport.

There is still one elementary school in the Loughor area served by pail conveniences although within 100 feet of the sewers.

The Council contemplate constructing sewers at Llewitha and Llangyfelach in the near future, which, upon completion, will substantially reduce the work of night soil collection.

FACTORIES ACT, 1937.

As required by Section 128 (3) of the Factories Act, 1937, I give below particulars with respect to matters under Part 1 and Part 8 of the Act as administered by this Council :—

- (1) Factories in which Sections 1, 2, 3, 4 and 6
are to be enforced by Local Authorities—

Number on Register	....	....	....	23
Inspections—ditto.	....	....	....	27
Number of Notices served	....	....	....	4
Prosecutions	....	....	....	None.

- (2) Factories not included in (1) in which
Section 7 is enforced by the local Authority—

Number on Register	....	....	....	87
Inspections—ditto.	....	....	....	64
Number of Notices served	....	....	....	1
Prosecutions	....	....	....	None.

(3) Cases in which defects were found :—

	No. of Cases. Remedied.		Prosecutions
Want of Cleanliness	4	4	—
Overcrowding	—	—	—
Unreasonable Temperature	—	—	—
Inadequate Ventilation	—	—	—
Ineffective drainage of floors	—	—	—

Sanitary Conveniences :—

(a) Insufficient	—	—	—
(b) Unsuitable or defective	1	1	—
(c) Not separate for sexes	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—

Totals....	5	5	Nil.
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(4) Outwork (Sections 110 and 111) None.

1.—General Statistics.

Area of District—17,815 acres.

Number of inhabited houses at the end of the year—7,052.

Rateable Value of District—£100,384.

Sum represented at 1d. rate—£382.

Registrar-General's estimate of resident population, mid-1953
25,550.

2.—Extracts from Vital Statistics of the Year.

Live Births :—

	Total	M....	F.	
Legitimate	312	142	170	Birth rate per 1,000 of the estimated resi- dent population— 12.64.
Illegitimate	11	4	7	

Still Births :—

Legitimate	14	10	4	Rate per 1,000 total (live and still-births) 41.8.
Illegitimate	—	—	—	

Deaths	267	143	124	Death rate per 1,000 of the estimated resi- dent population— 10.45.
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Rate per 1,000
total
(live & still)

Total Deaths from Pregnancy childbirth

abortion0	0.00.
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Death rate of Infants under 1 year of age :—

All Infants per 1,000 live births—37.15.

Legitimate Infants per 1,000 legitimate live births—38.4.

Illegitimate Infants per 1,000 illegitimate live births—0.00.

Deaths from Cancer (all ages)—52.

Deaths from Measles (all ages)—0.

Deaths from Whooping Cough (all ages)—0.

Deaths from Gastritis, Enteritis and Diarr-
hoea (under 2 years of age)—.2.



